

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000031722 (0)**

1. Corporation Name
NINETEENTH HOLE, INC.



Principal Place of Business 6196 S.FEDERAL HWY. STUART FL 34996	Mailing Address 7557 SE PELICAN WAY HOBE SOUND FL 33455-6231
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3. Date Incorporated or Qualified 04/30/1993	3a. Date of Last Report 04/19/1996
4. FEI Number 59-3178413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BURNS, RICHARD J
7557 S.E. PELICAN WAY
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	BURNS, RICHARD J
STREET ADDRESS	7557 SE PELICAN WAY
CITY - ST - ZIP	HOBE SOUND FL 33455
TITLE	M <input type="checkbox"/> DELETE
NAME	BURNS, STEPHEN R
STREET ADDRESS	8 APPETREE LN
CITY - ST - ZIP	WILMINGTON MA 01887
TITLE	VD <input type="checkbox"/> DELETE
NAME	BURNS, MICHAEL J
STREET ADDRESS	37 CLIFFE AVE. 37 Cliffe Ave
CITY - ST - ZIP	LEXINGTON MA
TITLE	C <input type="checkbox"/> DELETE
NAME	BURNS, ROBERT J
STREET ADDRESS	37 CLIFFE AVE.
CITY - ST - ZIP	LEXINGTON MA 02173
TITLE	SC <input type="checkbox"/> DELETE
NAME	BURNS, ARLINE A
STREET ADDRESS	37 CLIFFE AVE.
CITY - ST - ZIP	LEXINGTON MA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	37 Cliffe Ave
3.4 CITY - ST - ZIP	Lexington MA 02173
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	Lexington MA 02173
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Burns

Date

4-11-97

Daytime Phone #

0926738

CR2E034 (9/96)